

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The 2016 Committee		FEC IDENTIFICATION NUMBER ▼ C C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>	

Full Name of Payee CAMPAIGN FUNDING DIRECT			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2016	
Mailing Address 1420 SPRING HILL ROAD SUITE 490			Amount 1818.25	
City MCLEAN	State VA	Zip Code 22102	Transaction ID : SE24.93628	
Purpose of Expenditure AGENCY FEES - CONSULTING - DIRECT MAIL		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 08 / 2016	
Name of Federal Candidate TRUMP, DONALD, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee CAMPAIGN FUNDING DIRECT			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2016	
Mailing Address 1420 SPRING HILL ROAD SUITE 490			Amount 1818.25	
City MCLEAN	State VA	Zip Code 22102	Transaction ID : SE24.93629	
Purpose of Expenditure AGENCY FEES - CONSULTING - DIRECT MAIL		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 08 / 2016	
Name of Federal Candidate CLINTON, HILLARY, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3636.50
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Frank, Robert, , ,

[Electronically Filed]

Date

MM / DD / YYYY
11 / 10 / 2016

Signature